

<b>SCC eFile</b>	<b>2013 ANNUAL REPORT</b> <b>COMMONWEALTH OF VIRGINIA</b> <b>STATE CORPORATION COMMISSION</b>	<b>213548029</b>					
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME:  <b>KOVAR Corporation</b></p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:  <b>J CHARLES CURRAN</b>  <b>9695 C MAIN ST</b>  <b>FAIRFAX, VA</b></p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE:  <b>FAIRFAX CITY (FILED IN FAIRFAX COUNTY)</b></p> <p>4.) STATE OR COUNTRY OF INCORPORATION:  <b>VA</b></p> </div> <div style="width: 35%;"> <p>DUE DATE: <b>10/31/2013</b></p> <p>SCC ID NO: <b>01345347</b></p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED			
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<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="text-align: center;">ADDRESS: 16933 FOUR SEASONS DRIVE</p> <p style="text-align: center;">CITY/ST/ZIP: DUMFRIES, VA 22025</p>							
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS:      All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>							
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: DENNIS J GODFREY  TITLE: PRESIDENT  ADDRESS: PO BOX 252  CITY/ST/ZIP/CO: PHILOMONT, VA 20131 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">OFFICER</td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">DIRECTOR</td> </tr> </table>			NAME: DENNIS J GODFREY TITLE: PRESIDENT ADDRESS: PO BOX 252 CITY/ST/ZIP/CO: PHILOMONT, VA 20131	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
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<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: DANIEL T HURLEY  TITLE: VICE PRESIDENT  ADDRESS: 1502 EDENBURRY DR  CITY/ST/ZIP/CO: RICHMOND, VA 23238-4021 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">OFFICER</td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">DIRECTOR</td> </tr> </table>			NAME: DANIEL T HURLEY TITLE: VICE PRESIDENT ADDRESS: 1502 EDENBURRY DR CITY/ST/ZIP/CO: RICHMOND, VA 23238-4021	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
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<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: Paul Hartung  TITLE: SECRETARY  ADDRESS: 5520 Lakewood Dr.  CITY/ST/ZIP/CO: Norfolk, VA 23509 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">OFFICER</td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">DIRECTOR</td> </tr> </table>			NAME: Paul Hartung TITLE: SECRETARY ADDRESS: 5520 Lakewood Dr. CITY/ST/ZIP/CO: Norfolk, VA 23509	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
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NAME:	Donald J Feick	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	4136 Mud Lick Road SW		
CITY/ST/ZIP/CO:	Roanoke, VA 24018-2042		
NAME:	Don Gauthier	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	31 Harper Lane		
CITY/ST/ZIP/CO:	Blairs, VA 24527-1008		
NAME:	Jay Hoffmeier	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	10264 Fern Pool Court		
CITY/ST/ZIP/CO:	Burke, VA 22015-3707		
NAME:	Stephen Larson	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1935 Miller School Rd		
CITY/ST/ZIP/CO:	Charlottesville, VA 22903-7539		
NAME:	Robert Sedlak	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1 Briarwood Road		
CITY/ST/ZIP/CO:	Palmyra, VA 22963		
NAME:	Lanny White	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	4748 Michaux Dr.		
CITY/ST/ZIP/CO:	Virginia Beach, VA 23464-3228		
NAME:	J Charles Curran	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	6537 Novak Woods Court		
CITY/ST/ZIP/CO:	Burke, VA 22015-4229		
NAME:	Steve Moffett Sr	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1344 Stringfellow Ct		
CITY/ST/ZIP/CO:	Virginia Beach, VA 23464-6116		
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ JEFFREY BEFUMO	JEFFREY BEFUMO, TREASURER	10/16/2013	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			